

# Instructions for the Kentucky Notification of Hazardous Waste Transportation Activity Form

(DEP-7053, revised August 2006)

**GENERAL INSTRUCTIONS:** If you have questions about any information on the form, please call the Division of Waste Management at (502) 564-6716 and ask for the Registration Program Coordinator. The form must be typed or printed legibly. **Important Note:** This notification form is for those company's who wish to register only as a transporter in Kentucky. (If you are a Kentucky-based transporter and conduct hazardous waste transportation in addition to other hazardous waste or used oil activities, you **MUST** register using the Notification of Hazardous Waste Activity form, DEP-7037.)

**EPA ID Number:** If you have an EPA ID number, complete this category. If you are an out-of-state transporter, you may identify the EPA ID number issued to your company in another state from which trucks will be dispatched. Every out-of-state location from which trucks will be dispatched into Kentucky must be registered separately and the correct EPA ID number must be reflected on the Uniform Hazardous Waste Manifest used for each shipment.

If you do not have an EPA ID number and are located in a state other than Kentucky, please contact your state hazardous waste agency for an EPA ID number before completing this form. If you are based in Kentucky, leave this category blank. An EPA ID number will be issued to your company by this agency. (A separate EPA ID number is needed for each location of your company.)

**Name:** Enter the name of the transporter exactly as you wish it to appear in our records and on your Certificate of Registration.

**Location Address:** Provide the actual physical location of the facility from which trucks are dispatched. Do not use a post office box.

**Contact Person:** Provide the name of the contact person for this registration, their title and phone number.

**Official Mailing Address:** Provide the official mailing address for the contact person. This may be a corporate office or an address different from the location address.

**Legal Owner:** Provide the name and address of the company's legal owner. Use additional sheets as necessary to list every owner.

**Type of Ownership Code:** Indicate the legal status of the owner of the facility using one of the following codes:

FF = Federal owned, federally operated

FC = Federally owned, operated by private contractor to federal govt. C = County owned

FP = Federally owned, privately operated

PF = Privately owned, constructed for use and operated by federal govt.

PL = Privately owned, leased and operated by federal govt.

PI = Privately owned, Indian land

FI = Federally owned, Indian land

D = District owned

M = Municipality owned

P = Privately owned (i.e., company, corporation)

S = State owned

NAICS Code: The NAICS code is a six-digit code which has replaced the SIC Code within the next year. You may log onto the NAICS Internet site to find a chart to convert your SIC code to a NAICS code. The Internet address is <http://www.naics.com/products.htm>.

Type of Activity: Mark the box that indicates the type of transportation services offered by your company.

Mode of Transportation: Mark every box that reflects the methods of transportation used by your company.

Types of Wastes Transported: Mark every box that reflects the types of waste transported by your company.

**KENTUCKY BASED TRANSPORTERS ONLY:** If your company operates a terminal in Kentucky, you **MUST** answer the three questions in this category.

A. County: Identify the county in which the dispatch facility is located.

B. Latitude/Longitude: This information can be obtained from a USGS topographic map. If you cannot determine your company's latitude and longitude, send a map that clearly identifies the location of your business with respect to named streets and landmarks.

C. Do you wash trucks at this location: Identify if your company cleans the residuals, tank heels, leftover products, etc., out of trucks at this location.

Certification: This form must be *originally* signed and dated by the owner, operator, or an authorized representative of your facility. An "authorized representative" is a person responsible for the overall operation of the facility (i.e., a plant manager or superintendent, or a person of equal responsibility). *All notifications must include this certification to be complete. Copied or stamped signatures are not acceptable.*

**NOTE:** There are **no fees** assessed for hazardous waste transportation activities.

Kentucky regulations do not require renewal of hazardous waste transporter notifications.

Kentucky Department for Environmental Protection  
Division of Waste Management  
Hazardous Waste Branch  
14 Reilly Road - Frankfort KY 40601

## Notification of Hazardous Waste Transportation Activity

**Important Note:** This form is to be used by companies whose only hazardous waste activity in Kentucky is transportation. Companies based in Kentucky that conduct hazardous waste transportation in addition to other hazardous waste activities or waste oil/hazardous waste fuel activities must register on Form DEP-7037, Notification of Hazardous Waste Activity.

DO NOT WRITE IN  
THIS SPACE

EPA ID Number:

☐ New ☐ Modification (specify) \_\_\_\_\_

Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Official Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Legal Owner Name: \_\_\_\_\_

Legal Owner Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Type of Ownership Code: \_\_\_\_\_ (See Instructions for correct codes)

NAICS Code: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

Type of Activity: ☐ Transport for Hire ☐ Transport for Self

Mode of Transportation: ☐ Air ☐ Rail ☐ Highway ☐ Water ☐ Other (specify) \_\_\_\_\_

Types of Waste Transported: ☐ Hazardous ☐ PCB's ☐ Radioactive ☐ Non-Hazardous ☐ Waste Oil

☐ Other (specify) \_\_\_\_\_

### KENTUCKY-BASED TRANSPORTERS ONLY:

A. County: \_\_\_\_\_ B. Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

C. Do you wash trucks at this location? ☐ Yes ☐ No

**CERTIFICATION:** I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Name and Official Title (type or print)

Date